
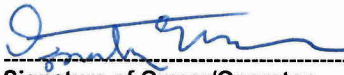


**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
**290 Broadway-21<sup>st</sup> Floor**  
**New York, NY 10007-1866**

**NOTIFICATION OF DEMOLITION AND RENOVATION**



Operator Project #	Postmark	Date Received	Notification
<b>I. TYPE OF NOTIFICATION</b> (O = Original / R = Revised) : O			
<b>II. FACILITY INFORMATION</b> ( Identify owner, removal contractor, and other operator)			
OWNER: Verizon			
Address: 145 Railroad Avenue			
City: Sayville	State: NY	ZIP: 11782	
Contact: Mr. Brian Kingsbury		Tel: (201) 338-0620	
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: Ignatius Marraccino		Tel: 718-605-6256	
Address:			
OTHER OPERATOR:			
Contact:		Tel:	
<b>III. TYPE OF OPERATION</b> ( D = Demolition / R = Renovation) : R / Asbestos Removal Only			
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No): Yes			
<b>V FACILITY DESCRIPTION</b> (include building name, number and floor or room number):			
Building: Yes			
Address: 145 Railroad Avenue			
Address:			
City: Sayville	State: New York	County: Suffolk	
Site Location: 1 <sup>st</sup> Floor Administration/Break Room			
Building Size	Sq Meter:	Sq Ft: 10,000	# of Floors: 1
Present Use: Commercial		Age in Years 40+	
		Prior Use: Commercial	
<b>VI.</b>			
<b>VII.</b>			
	RACM to be Removed Category II	Non-friable Asbestos Material to be removed Category I	
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet		VAT/Mastic280	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:</b> (MM/DD/YY)      Start: 10/20/2016      Completion: 10/20/2017			
<b>X. SCHEDULED DATES OF DEMOLITION/RENOVATION:</b> (MM/DD/YY)      Start:      Completion:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Methods.		
XII. WASTE TRANSPORTER #1		
Name: Vandan Disposal		
Address: 1009 Glen Cove Avenue		
City: Glen Head	State: New York	ZIP: 11545
Contact Person: Mark		Telephone: (718) 991-2828
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name: Minerva Enterprises Inc.		
Address: 8955 Minerva Road		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).		
 Signature of Owner/Operator      Project Manager		10/14/2016 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
 Signature of Owner/Operator      Project Manager		10/14/2016 Date

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
**290 Broadway-21<sup>st</sup> Floor**  
**New York, NY 10007-1866**

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification
<b>I. TYPE OF NOTIFICATION</b> (O = Original / R = Revised) : O			
<b>II. FACILITY INFORMATION</b> ( Identify owner, removal contractor, and other operator)			
OWNER: SAVANNA			
Address: 430 Park Avenue			
City: NY	State: NY	ZIP: 10038	
Contact: Liza Rodiger		Tel: (212) 821-8695	
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: Ignatius Marraccino		Tel: 718-605-6256	
Address:			
OTHER OPERATOR:			
Contact:		Tel:	
<b>III. TYPE OF OPERATION</b> ( D = Demolition / R = Renovation) : R / Asbestos Removal Only			
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No): Yes			
<b>V FACILITY DESCRIPTION</b> (include building name, number and floor or room number):			
Building: Yes			
Address: 110 William Street			
Address:			
City: New York	State: New York	County: Manhattan	
Site Location: 22 <sup>nd</sup> Floor Suite 2210			
Building Size	Sq Meter:	Sq Ft: 100,000	# of Floors: 30
Present Use: Commercial		Age in Years 40+	
		Prior Use: Commercial	
<b>VI.</b>			
<b>VII.</b>			
		RACM to be Removed Category II	Non-friable Asbestos Material to be removed Category I
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet			VAT/Mastic 2,820
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:</b> (MM/DD/YY)      Start: 10/24/2016      Completion: 10/13/2017			
<b>X. SCHEDULED DATES OF DEMOLITION/RENOVATION:</b> (MM/DD/YY)      Start:      Completion:			



<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> N/A		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b> Negative air machines under HEPA filtration system. Wet Methods.		
<b>XII. WASTE TRANSPORTER #1</b>		
Name: Vandan Disposal		
Address: 1009 Glen Cove Avenue		
City: Glen Head	State: New York	ZIP: 11545
Contact Person: Mark		Telephone: (718) 991-2828
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:		Telephone:
<b>XIII. WASTE DISPOSAL SITE</b>		
Name: Minerva Enterprises Inc.		
Address: 8955 Minerva Road		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		
<b>XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW</b>		
Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
<b>XV. FOR EMERGENCY RENOVATIONS</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
<b>XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .</b>		
 Signature of Owner/Operator	Ignatius Marraccino Project Manager	10/14/2016 Date
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
 Signature of Owner/Operator	Ignatius Marraccino Project Manager	10/14/2016 Date



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
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**New York, NY 10007-1866**

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification
<b>I. TYPE OF NOTIFICATION</b> (O = Original / R = Revised) : O			
<b>II. FACILITY INFORMATION</b> ( Identify owner, removal contractor, and other operator)			
OWNER: Mr. Fred Strano			
Address: 1430 74 <sup>th</sup> Street			
City: Brooklyn	State: NY	ZIP: 11228	
Contact: Mr. Fred Strano			Tel: (917) 589-5184
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: Ignatius Marraccino			Tel: 718-605-6256
Address:			
OTHER OPERATOR:			
Contact:			Tel:
<b>III. TYPE OF OPERATION</b> ( D = Demolition / R = Renovation) : R / Asbestos Removal Only			
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No): Yes			
<b>V FACILITY DESCRIPTION</b> (include building name, number and floor or room number):			
Building: Yes			
Address: 1430 74 <sup>th</sup> Street			
Address:			
City: Brooklyn	State: New York	County: Kings	
Site Location: Exterior Siding			
Building Size	Sq Meter:	Sq Ft: 3,000	# of Floors: 30
Present Use: Commercial		Age in Years 40+	
		Prior Use: Commercial	
<b>VI.</b>			
<b>VII.</b>			
		RACM to be Removed Category II	Non-friable Asbestos Material to be removed Category I
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet		Transite 2,950	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:</b> (MM/DD/YY)      Start: 10/21/2016      Completion: 10/13/2017			
<b>X. SCHEDULED DATES OF DEMOLITION/RENOVATION:</b> (MM/DD/YY)      Start:      Completion:			

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> N/A		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b> Negative air machines under HEPA filtration system. Wet Methods.		
<b>XII. WASTE TRANSPORTER #1</b>		
Name: Vandan Disposal		
Address: 1009 Glen Cove Avenue		
City: Glen Head	State: New York	ZIP: 11545
Contact Person: Mark		Telephone: (718) 991-2828
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:		Telephone:
<b>XIII. WASTE DISPOSAL SITE</b>		
Name: Minerva Enterprises Inc.		
Address: 8955 Minerva Road		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		
<b>XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW</b>		
Name: N/A		Title:
Authority:		
Date if Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY) :
<b>XV. FOR EMERGENCY RENOVATIONS</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
<b>XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .</b>		
 Signature of Owner/Operator		Ignatius Marraccino Project Manager
		10/14/2016 Date
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
 Signature of Owner/Operator		Ignatius Marraccino Project Manager
		10/14/2016 Date